



COMMERCIAL UMBRELLA LIABILITY

APPLICATION

1. Please answer all questions. If any section does not apply, please indicate with "Not Applicable" OR "None".
2. If there is insufficient space to complete your answer for a particular question please use and attach as many additional pages as required to include any supplementary information.

APPLICATION FORMS PART OF THE POLICY

The Applicant(s) submission of this application including any additional information does not obligate the Applicant to buy insurance nor are we obligated to sell or offer insurance upon any specific terms requested. If insurance is effected, this Applicant's application, including any additional information provided, all will attach to and form part of the policy that is issued.

Completion of this form does not bind coverage. Applicant's written acceptance of an insurance company's quotation and company's written agreement to be bound are required to bind coverage and issue policy.

THE APPLICANT

1. Name of Applicant, including all subsidiary companies, domestic and foreign:

2. Applicant is: Corporation Partnership Individual Other
3. Number of Years in Business: _____
4. Mailing Address: _____
5. Other Locations (including country): _____
6. Provide complete description of all operations:

7. Website address, if any: _____

8.

	Canada	USA	Other Foreign
Gross Annual Sales/Receipts			
Annual Payroll			
No. of Employees			

Describe USA/other foreign exposure: _____

9. Are any additional operations or locations anticipated during the policy period? Yes No



COMMERCIAL UMBRELLA LIABILITY

APPLICATION

If Yes, please explain:

10. Are all locations and operations to be covered? Yes No

If No, please explain:

11. Policy period desired: From: _____ To: _____

12. Limit of Liability requested: a) _____
b) _____

PREVIOUS UMBRELLA INSURER

13. Name of Insurer: _____

14. Has any previous umbrella, CGL or auto insurer cancelled, declined or refused coverage in the past five (5) years? Yes No

If Yes, please explain: _____

DESCRIPTION OF EXPOSURES

15. Automobile Liability

a) State the number of vehicles owned, leased and registered in the name of the Applicant ("location" refers to the jurisdiction in which the vehicle is primarily used):

Local is defined as within 80 km (50 miles).

Short haul is defined as over 80 km to 400 km (50-250 miles).

Long haul is defined as over 400 km (250 miles)

Type of Auto	Advise Radius of Operation in Kilometers	Location: Canada (excluding Manitoba, Saskatchewan and Quebec)	Location: Quebec, Manitoba, Saskatchewan	Location: USA
Private Passenger				
Light Trucks (gross vehicle weight of 4,500 kg or less)				
Medium Trucks (gross vehicle weight of 4,501 kg to 11,000 kg)	Local Short haul Long haul	_____ _____ _____	_____ _____ _____	_____ _____ _____



COMMERCIAL UMBRELLA LIABILITY

APPLICATION

Heavy Trucks	Local	_____	_____	_____
	Short haul	_____	_____	_____
	Long haul	_____	_____	_____
Tractor Trailer Units	Local	_____	_____	_____
	Short haul	_____	_____	_____
	Long haul	_____	_____	_____
Buses (provide size and details on a separate sheet)	Local	_____	_____	_____
	Short haul	_____	_____	_____
	Long haul	_____	_____	_____

b) Are flammable, explosive, toxic or hazardous material hauled? Yes No

If Yes, please explain: _____

c) Any U.S. mileage or U.S. registered vehicles? Yes No

If Yes, please describe: _____

16. **Commercial General Liability (CGL)**

a) Describe specifically the Products and/or Completed Operations exposures and give revenues for each:

Product or Completed Operation	Anticipated Year	Current Year	Past Year

b) Have any products or operations been discontinued (include for all past and present entities)? Yes No

If Yes, please list the products and reasons: _____

c) Are any products used or installed in any aircraft or missile? Yes No

If Yes, please explain: _____

d) Does the Applicant sell or distribute products manufactured outside of North America? Yes No

If Yes, please specify the product, country of origin and quality control checks in place: _____

e) Attach sales brochure or advertising material if available.

COMMERCIAL UMBRELLA LIABILITY

APPLICATION

f) List principal customers: _____

g) List operations performed by subcontractors and state the percentage of total receipts:

h) Is coverage for real property required? Yes No

If Yes, please provide the applicable information below.

17. **Non-owned Real Property – Tenants’ Legal Liability**

List all leased real properties:

Location	Occupancy	Construction	Square Footage of Area Occupied

18. **Aircraft and Watercraft**

List and describe any owned, non-owned, leased or chartered aircraft or watercraft:

19. **Workers’ Compensation**

a) Are all employees covered by workers’ compensation? Yes No

If No, please explain: _____

b) If not, is Employer’s Liability provided for all those employees not covered by workers’ compensation? Yes No

20. **Professional Liability**

a) Is there any professional or errors or omissions exposure? Yes No

If Yes, please explain: _____

b) Is there any incidental malpractice exposure? Yes No

If Yes, is it covered by underlying policies? Yes No

21. **Advertising Liability**

a) Is any advertising contemplated during the policy period? Yes No



COMMERCIAL UMBRELLA LIABILITY

APPLICATION

If Yes, please explain the type and state expenditure: _____

b) Is an advertising agency used? Yes No

If Yes, is the Applicant added to their policy as an additional insured? Yes No

22. Contractual Liability

Provide details of agreements in which the Applicant assumes the liability of others:

23. Railroad Operations

Provide details of any railroad owned, maintained or operated by the Applicant:

UNDERLYING INSURANCE

24.

Type	Insurer	Policy No.	Policy Period D/M/Y	Policy Limits Per Occurrence	Policy Limits - Aggregate	Annual Liability Premium
Auto						
CGL						
Non-owned Auto						
Employer's Liability						
Professional Liability						
Other (specify)						

COMMERCIAL UMBRELLA LIABILITY

APPLICATION

25. Does the underlying CGL policy contain the following extensions or coverages:

- | | | | |
|---|--|---|--|
| Advertising Injury | <input type="checkbox"/> Yes <input type="checkbox"/> No | Forest Fire Fighting Expenses | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Blasting (by subs only <input type="checkbox"/>) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Non-owned Automobile | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Broad Form Completed Operations | <input type="checkbox"/> Yes <input type="checkbox"/> No | Occurrence Property Damage | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Broad Form Products | <input type="checkbox"/> Yes <input type="checkbox"/> No | Personal Injury | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Broad Form Property Damage | <input type="checkbox"/> Yes <input type="checkbox"/> No | Products/Completed Operations | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Collapse (by subs only <input type="checkbox"/>) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Professional Exclusion Deleted or | |
| Contingent Employer's Liability | <input type="checkbox"/> Yes <input type="checkbox"/> No | Amended | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Contractual Liability | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tenant's Legal Liability | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employee Benefits | <input type="checkbox"/> Yes <input type="checkbox"/> No | Underpinning (by subs only <input type="checkbox"/>) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employee as Additional Insureds | <input type="checkbox"/> Yes <input type="checkbox"/> No | Vendor's Endorsement | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employer's Liability | <input type="checkbox"/> Yes <input type="checkbox"/> No | Worldwide Territory | <input type="checkbox"/> Yes <input type="checkbox"/> No |

(If Yes, attach a copy of the endorsement)

Indicate any sublimit or limit different than the CGL occurrence limit:

Does the CGL listed above cover as Named Insureds all those listed in question 1 of this application? Yes No

26. Specify the type of CGL Aggregate (e.g., General Aggregate, aggregate applicable only to products/completed operations, policy aggregate, etc.):

27. Does any policy listed above contain:

a) A deductible more than \$10,000? Yes No

b) Any endorsement such as a warranty, exclusion or coverage not described in question 25? Yes No

If Yes to b) above, please provide a copy.

LOSS HISTORY

28. Describe all losses paid or reserved over \$10,000 occurring during the past five years:



COMMERCIAL UMBRELLA LIABILITY

APPLICATION



Broker Information

Broker Name: _____ Brokerage: _____

Tel No: _____ Email: _____

How long have you known the Client? _____

Applicant's Name: _____

Applicant's Signature: _____ Date: _____